

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		/				
5		/				
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7		/				
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16		/				
17		/				
18		17				
19	(1)					
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26		(1)				
27		(1)				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	65	65	65	65	65	65
TOTAL CLAIMS	66	66	66	66	66	66

	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						